U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES

Phoenix Area Indian Health Service Phoenix Indian Medical Center, Office of Human Resources, 1616 E. Indian School Road, Suite 360E, Phoenix, AZ 85016

Preference in filling vacancies is given to qualified Native American Indian Candidates or Alaska Natives in accordance with the INDIAN PREFERENCE ACT, TITLE 25, US CODE, SECTION 472 & 473. In other than the above, the Indian Health Service is an Equal Opportunity Employer.

ANNOUNCEMENT NUMBER: OPENING DATE: CLOSING DATE: SWR-10-0333 05/24/2010 06/14/2010

POSITION TITLE/SERIES/GRADE: Community Health Nurse, Salt River Clinic, GS-0610-11

SALARY: GS-11: \$67,047 - \$82,131 per annum * Special Rate authorized under 5 USC 5305*

PROMOTION POTENTIAL: None **SUPERVISORY/MANAGERIAL:** No

RELOCATION EXPENSES: Travel to be paid in accordance with Federal Travel Regulations

HOUSING: Private Housing Only

NUMBER OF POSITIONS: (1) One

APPOINTMENT/WORK SCHEDULE: Permanent Full-Time

AREA OF CONSIDERATION: Indian Health Service Area Wide

DUTY LOCATIONS: Phoenix Indian Medial Center, Salt River Clinic, Phoenix, AZ

JOB DESCRIPTION: The Incumbent serves as Community Health Nurse, advisor and provider of comprehensive nursing services to individuals and families in the community. The incumbent develops or participates in the development of comprehensive community health nursing plans related to such services as: maternal and child health, chronic and communicable disease control, mental health, health care teaching and supervision; and case finding, referral and follow-up. Carries out community health plans by conducting visits to homes, communities, schools and clinics to provide patient care, counseling, and instruction in preventive, curative and rehabilitative health matters; participating in health services such as special clinics and immunization and skin test programs; and by coordinating patient care with medical and ancillary care resources. Serves as the resource person in program planning; providing in-service education and other training; conducting case conferences with other health care providers. Incumbent maintains records and reports on patients. Performs other duties as assigned.

WHO MAY APPLY: U.S. citizenship is required.

- Excepted Service Examining Plan Candidates (ESEP) Individuals entitled to Indian Preference who wish to be considered for excepted appointment in IHS, under authority of 5 CFR, Part 213, Schedule A 213.3116(B)(8). Indian Preference applicants must indicate on their applications whether they are applying under the MPP, ESEP, or both. If not indicated, they will be considered under the MPP.
- *Merit Promotion Plan Candidates (MPP)* Current permanent competitive Federal status employees, reinstatement eligible, and current IHS Indian Preference individuals and/or individuals who are eligible for excepted appointment in IHS under some other authority (e.g., handicapped authority, etc).
- PHS Commissioned Corps Officers Current active or eligible for active duty Commissioned Officers may apply.
- *Veteran's Preference* When applying for Federal Jobs, eligible veterans should claim preference on their application or resume. Applicants claiming 10-point preference must complete an SF-15, Application for 10-Point Veteran Preference. Veterans who are still in the service may be granted 5 points tentative preference on the basis of the information contained in their applications, but they must produce a DD-214 (Member 4 copy) prior to the appointment to document entitlement to preference. For more information on Veteran's Preference, please visit: http://www.opm.gov/veterans/html/vetsinfo.asp
- *Non-Competitive Candidates* Applications will be accepted from individuals eligible for non-competitive appointment (e.g., applicants eligible for appointment under the Veterans Readjustment Act, the severely handicapped, those with a 30% or more compensable service-connected disability).
- *Non-Status Candidates* If you have never been employed by the Federal Government, you must apply to the Direct Hire Authority (DHA) vacancy: SWR-10-0333-DHA, by searching the USAJobs Website available here: http://www.usajobs.gov.

Applications will be evaluated separately for Federal employees who have competitive status and candidates from other sources. If you want consideration under all plans (ESEP/MPP & DHA), you must submit applications to both announcements.

REASONABLE ACCOMODATION: Qualified disabled applicants (Rehabilitation Act of 1973) and disabled veterans with 30% or more disability are encouraged to apply. Reasonable accommodations will be made for qualified applicants with disabilities, except when doing so would impose undue hardship on the Indian Health Service. If you need reasonable accommodation for any part of the application process please contact the Human Resources Office. The decision on granting reasonable accommodation will be on a case-by-case basis.

CONDITIONS OF EMPLOYMENT:

- 1. Selectee(s) are required to be immunized against Measles and Rubella and provide documentation prior to or at the time of their start date. Special consideration may be allowed to individuals who are allergic to a component of the vaccine or are currently pregnant. Selectee must have documented immunity to Rubella and Measles.
- 2. Selectee(s) are required to complete Security questionnaire and fingerprint chart for investigative purposes under PL 101-630 Indian Child Protection and Family Violence Prevention Act. Persons, who have been arrested for or charged with a crime involving a child, or violent crime against a person, are not eligible for employment with IHS under PL 101-630.
- 3. Selectee(s) are required to complete a "Declaration of Federal Employment Optional Form 306" to determine your suitability for Federal Employment, and to certify the accuracy of all the information in your application. Persons making false statements in any part of the application may not be hired; or fired after employment starts; or may be fined.
- 4. Males born after December 31, 1959 are required to be registered with the Selective Service System in order to be eligible for employment with the Federal Government.
- 5. Selectee(s) are required to have a viable bank account at a financial institution for electronic direct deposit of salary payment.
- 6. Some service units operate under extended service hours 7 days per week.
- 7. The incumbent may be required to travel and must possess a valid driver's license.

QUALIFICATION REQUIREMENTS: Applicants must meet the following educational, training, and registration listed below, in addition to the required specialized experience:

<u>Basic Requirements</u> - All applicants must meet the three requirements listed below in addition to the required specialized experience:

- Degree or diploma from a professional nursing program approved by the legally designated State accrediting agency at the time the program was completed by the applicant, (Copy of your college transcripts. Unofficial copies are acceptable but official transcripts will be required if selected) AND
- 2) Applicants for Community Health nurse positions at GS-05 and above must have graduated from a baccalaureate or higher degree-nursing program.
- 3) Licensure: Applicants must have active, current registration as a professional nurse in a State, District of Columbia, the Columbia, the commonwealth of Puerto Rico, or a territory of the United States.

<u>Additional Requirements</u> - In addition to meeting the basic entry qualification requirements above, applicants must have specialized experience and/or directly related education.

GS-11: Completion of all requirements for a doctoral degree (Ph.D. or equivalent) or 3 full years of progressively higher level of graduate education **OR** 1 year specialized experience equivalent to at least the GS-9 level.

Specialized Experience: Experience that equipped the applicant with the particular knowledge, skills, and abilities to perform successfully the duties of the position, and that is typically in or related to the work of the position to be filled. To be creditable, specialized experience must have been equivalent to at least the next lower grade level in the normal line of progression for the occupation in the organization.

<u>Examples of Specialized Experience</u>: Experience as a Public Health Nurse/Community Health Nurse providing a full range of professional community health nursing principles, practices and procedures. Work experience and skill in planning, coordinating and implementing screening programs and other disease prevention services. (See also Brief Description of Duties).

Selective Placement Factor: None

Your description of work experience, level of responsibility, and accomplishments will be used to determine that you meet these requirements.

TIME IN GRADE: Candidates must have completed at least one year of service in a position no more than one grade lower than the position to be filled. (If selected under the Excepted Service Examining Plan, such individuals may be appointed under Schedule A authority without regard to Time-In-Grade requirements.)

LEGAL AND REGULATORY REQUIREMENTS: Candidates must meet time-after competitive appointment, time-in-grade, and qualification requirements within 30 calendar days after the closing date of the vacancy announcement.

METHODS OF EVALUATION: Evaluation is made on the basis of appropriate education, experience, performance appraisals, training, self-development, outside activities and special awards. Experience related to tribal involvement and to Indian community projects will also be evaluated. Applicants will also be evaluated on the following ranking factors, i.e., Knowledge, Skills, and Abilities (KSA's).

SUPPLEMENTAL QUESTIONNAIRE on KNOWLEDGE, SKILLS, AND ABILITIES (KSA):

Your responses to the KNOWLEDGE, SKILLS, AND ABILITIES (KSAs) will be evaluated to determine the degree to which your skills match this position. If found qualified, your score will range from 70-100 points (not including points that may be assigned for Veterans' Preference). You will be deemed "Well Qualified" if you score 85 and above.

On a *separate sheet of paper* answer the following questions in a narrative format – each KSA must be responded to separately. When describing your knowledge, skills, and abilities, be sure to give examples and explain how often you used these skills, the complexity of the knowledge you possessed, the level of the people you interacted with, the sensitivity of the issues you handled, etc.

KSA's for Assistant Supervisory Clinical Nurse, GS-0610-11:

- 1. Knowledge of comprehensive health programs and the full range of professional public health nursing principles, practices and procedures to formulate plans and provide service in clinic, home, school and other community environments. What in your background shows you possess this knowledge? What was the duration of these activities? Who can verify this information? (Please provide a telephone number).
- 2. Knowledge of current research methods including statistical compilation and interpretation in order to participate in epidemiological surveys and research related to planning, assessing and evaluating the public health programs. What in your background shows you possess this knowledge? What was the duration of these activities? Who can verify this information? (Please provide a telephone number).
- 3. Knowledge and ability to make physical and psychosocial assessments of individuals, families and communities and in recognizing the range of patient conditions from normal to common abnormalities. What in your background shows you possess this knowledge? What was the duration of these activities? Who can verify this information? (Please provide a telephone number).
- 4. **Knowledge of vaccines, drugs and biological, desired effect in treatment of diseases and untoward and undesired side effects.** What in your background shows you possess this knowledge? What was the duration of these activities? Who can verify this information? (Please provide a telephone number).
- 5. Knowledge of and ability to treat chronic, acute and/or communicable health problems, as defined in protocols of care. What in your background shows you possess this knowledge? What was the duration of these activities? Who can verify this information? (Please provide a telephone number).

ICTAP/CTAP: Individuals who have special priority selection rights under the Agency Career Transition Assistance Program (CTAP) or the Interagency Career Transition Assistance Program (ICTAP) must be well qualified for the position to receive consideration for special priority selection. Basis for Rating for definition of 'well qualified' is a numerical rating of 85, determined from your responses to the KSAs (see 'Knowledge, Skills, and Abilities' section above).

Federal employees seeking CTAP/ICTAP eligibility must submit proof that they meet the requirements of 5 CFR 330.605 (a) for CTAP and 5 CFR 330.704 for ICTAP. This includes a copy of the agency notice, a copy of their most recent Performance Rating and a copy of their most recent SF-50 noting current position, grade level, and duty location. Please annotate your application to reflect that you are applying as a CTAP or ICTAP eligible.

HOW TO APPLY:

Your resume and/or supporting documents will be verified. Please follow all instructions carefully as errors or omissions may affect your rating and/or consideration for employment.

REQUIRED FORMS (Incomplete applications will not be considered):

- Applicants may use one of the following to apply:

 A) OF-612, Optional Application for Federal Employment, available at: http://www.opm.gov/forms/pdf fill/of612.pdf, or
 B) Resume that must include 1) starting and ending dates of employment in month/year format and 2) hours of work per week. Example: Jan 08 Dec 08, 40 hrs/wk (see Attachment A for additional information).
- 2. Completed PL 101-630 Questionnaire (Indian Child Care Worker Position), form attached. And the Declaration for Federal Employment (OF-306), available at: http://www.opm.gov/forms/pdf fill/of0306.pdf
- 3. Copy of your college transcripts. Unofficial copies are acceptable but official transcripts will be required if selected.
- 4. Copy of current, unrestricted Nursing License.
- 5. Written responses to the Knowledge, Skills, and Abilities (KSA). Failure to submit may result in a substantially lower score.
- 6. Indian preference applicants, if claiming preference, applicants must provide *a completed copy of the current Form BIA-4432*, "Verification of Indian Preference for Employment in BIA and IHS." Indian preference will not be given unless the current form is submitted with your application, including all official records that document your status i.e., tribal enrollment, State or academic records, records that establish your degree of Indian blood (census records). You must also complete the family history chart if necessary, (see the instructions for completing the form on the BIA-4432). The BIA-4432 form may be obtained from your tribal enrollment office. Certificates of Indian Blood (CIB) and Tribal IDs are NOT ACCEPTABLE documents
- 7. If claiming Veteran's Preference please submit a copy of your DD-214 Form (Member 4 copy). Applicants claiming 10-point veteran's preference should provide a copy of the DD-214 and the SF-15 to claim 10 point Veterans Preference. SF-15 available here: http://www.opm.gov/forms/pdf fill/SF15.pdf
- 8. If a current or former employee, and/or if requesting Reinstatement Eligibility please submit a copy of your latest SF-50, Notification of Personnel Action.

9. Commissioned Corps Officer: (1) Curriculum Vitae, (2) Medical License (if applicable), (3) Completed PL 101-630 Questionnaire (form attached), (4) Latest COER, (5) Current Billet Description, and (6) BIA FORM 4432, if claiming Indian Preference.

All submitted materials are subject to retention by this office. All documents are subject to the provision of the Privacy Act (PL 93-579) and become the property of Department of Health and Human Services (DHHS). You should duplicate and retain copies, since requests for copies will not be honored.

Your application and required forms must be received no later than the closing date of this announcement:

- Mailed or hand-carried applications to the address below prior to 4:30 PM MST, or
- Fax applications, include a fax cover page with the vacancy announcement number and total number of pages being sent, before 11:59 PM MST (this office is not responsible for incomplete transmissions), or
- Completed E-mailed application packets (see "Required Forms" above) will be accepted to: aaron.arviso@ihs.gov before 11:59 PM MST. You must include the vacancy announcement number in the subject box, failure to do so will result in loss of consideration. Once your application is received it will be printed for the recruit file and then deleted.

NO ADDITIONAL INFORMATION WILL BE SOLICITED FROM APPLICANTS.

Your application must be identified by this announcement number and submitted to the address below:

ATTN: SWR-10-0333 Office of Human Resources Phoenix Indian Medical Center 1616 E. Indian School Rd., Suite 360E

 1616 E. Indian School Rd., Suite 360E
 Phone: (602) 248-4180

 Phoenix, AZ 85016
 Fax: (602) 248-4182

Additional selections of candidates may be possible within 90 days from the date the certificate of eligible is issued for this announcement, for filing additional or similar positions. Human Resource Specialist: (Call 602-248-4180 to contact a Human Resources Specialist)

Date: 05/21/2010

WHAT TO EXPECT NEXT:

Once the announcement closes we will conduct an evaluation of your qualifications and determine your eligibility. Eligible candidates will be referred to the hiring manager with qualified Indian Preference applicants receiving first consideration. We expect to make a selection within 30 days of the closing date of this announcement. You will be notified of the outcome via mailed correspondence.

IHS is a Smoke-free Facility

ATTACHMENT A

<u>Resume Requirements</u> - Your resume or other application format must contain the following information to allow for qualification determination.

- Identify your application/resume by the announcement number, title and grade(s)
- Full Name (first, middle, last ~ include other names used, i.e., maiden name)
- Mailing Address
- Phone Number where you can be reached
- Email Address (if applicable)
- Social Security Number
- Country of citizenship
- Education: list high school and colleges attended, type of degree (list major) received, date of degrees conferred, and city and state of school.
- Work Experience: (include non-paid work as well as paid)
- Job Title (if Federal employment, indicate series and grade)
- Duties and Accomplishments
- Employer's name and Address
- Employer's name and phone number
- Starting and ending dates of employment (month/year)
- Hours of work per week
- Salary
- Indicate if you do <u>not</u> want us to contact your current supervisor (if not specified, it will be assumed that we may do so)
- List job related training (title, year obtained, hours of training)
- Honors or awards received
- License or certificates obtained (submit with application)
- Special accomplishments (i.e., publications, memberships, leadership and community recognition, etc).

Indicate if you do not want your current supervisor contacted for reference purposes.

Addendum to Declaration for Federal Employment (OF 306) Indian Health Service Child Care & Indian Child Care Worker Positions

Child Care & Indian Child Care Worker Positions		
	(Please print) itle in Announcement: <u>Commur</u> incement Number: <u>SWR-10-03</u> ;	nity Health Nurse (Salt River Clinic), GS-0610-11
positions		w 101-647, requires that employment applications for Federal child care lual has ever been arrested for or charged with a crime involving a child
Departme	ent of Health and Human Services that involve	rublic Law 101-630, contains a related requirement for positions in the e regular contact with or control over Indian children. The agency must seen found guilty of or pleaded nolo contendere or guilty to certain crimes.
To assure Employn	•	llowing questions are added to the Declaration for Federal
1)	Have you ever been arrested for or o	charged with a crime involving a child? YESNO
		of the violation, disposition of the arrest or charge, place of of the police department or court involved.]
2)	felonious or misdemeanor offense u	or entered a plea of nolo contendere (no contest) or guilty to, any under Federal, State, or tribal law involving crimes of violence; ation, contact or prostitution; or crimes against persons; or offenses SNO
	[If {YES}, provide the date, explanation occurrence, and the name address of the	of the violation, disposition of the arrest or charge, place of police department or court involved.]
to \$2,000	00 or 5 years imprisonment, or both; and (s made under penalty of perjury, which is punishable by fines of up 2) I have received notice that a criminal check will be conducted. I inal history report made available to the Indian Health Service and

Applicant's Signature (sign in ink)

Date

my right to challenge the accuracy and completeness of any information contained in the report.

Public Burden Statement: In accordance with Paperwork Reduction Act (5 CFR 1320.8 (b)(3), a Federal agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. Respondents must be informed (on the reporting instrument, in instructions, or in a cover letter) the reasons for which the information will be collected; the way the information will be used to further the proper performance of the functions of the agency; whether responses to the collection of the information are voluntary, required to obtain a benefit (citing authority), or mandatory (citing authority); and the nature and extent of confidentiality to be provided, if any (citing authority). Public reporting burden for this collection of information is estimated to average 15 minutes per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the necessary data, and completing and reviewing the collection information. Send comments regarding the burden estimate or any other aspect of this collection of information to the IHS PRA Information Collection Clearance Staff, 12300 Twinbrook Parkway, Suite 450, Rockville, MD 20852. **Please do not send completed data collection instruments to this address.**

FORM APPROVED: O.M.B. NO. 0917-0028 Expires 09/30/2012